2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

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Entity Name: GAYLORD MERLIN LUDOVICI DIAZ & BAIN, P.L.

Current Principal Place of Business:

5001 WEST CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5001 WEST CYPRESS STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3652186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAYLORD, S. CARY
5001 WEST CYPRESS STREET
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GAYLORD, S. CARY
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: OFC
Name: MERLIN, KIMBEL L
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: LUDOVICI, LORENA H
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: DIAZ, ANDREW G
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR
Name: BAIN, PAUL D
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: S. CARY GAYLORD MGR 02/16/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date